

Traditional health practitioners' management of HIV/AIDS in rural South Africa

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15 JUNE 2017

Background (1)

- South Africa is among few southern African countries that have made positive developments in managing its HIV/AIDS epidemic
- The large scale roll out of Antiretroviral therapy (ART), including Universal Test and Treat (UTT) trials have contributed immensely
- Several factors, including the utilization of traditional health practitioners (THPs) continue to delay individuals from obtaining and/ or remaining in care

- (UNAIDS, 2015); (Bor, Herbst, Newell, & Bärnighausen, 2013; Iwuji et al., 2013; Tanser, Bärnighausen, Grapsa, Zaidi, & Newell, 2013); (Walwyn & Maitshotlo, 2010);(Michel, Matlakala, English, Lessells, & Newell, 2013; (Zimba & Tanga, 2014)

Background (2)

- Little is known and understood about how HIV/AIDS is 'managed' by THPs within the traditional healing system
- Challenges and questions remain, around how THPs approach and manage HIV/AIDS and what their role is in relation to HIV/AIDS in the era of wide scale rollout of ART
- The current study seeks to gain insight into the HIV/AIDS-related approaches, management and roles of THPs in the context of widespread ART

- Applebaum-Belisle et al. 2015; Puoane et al. 2012

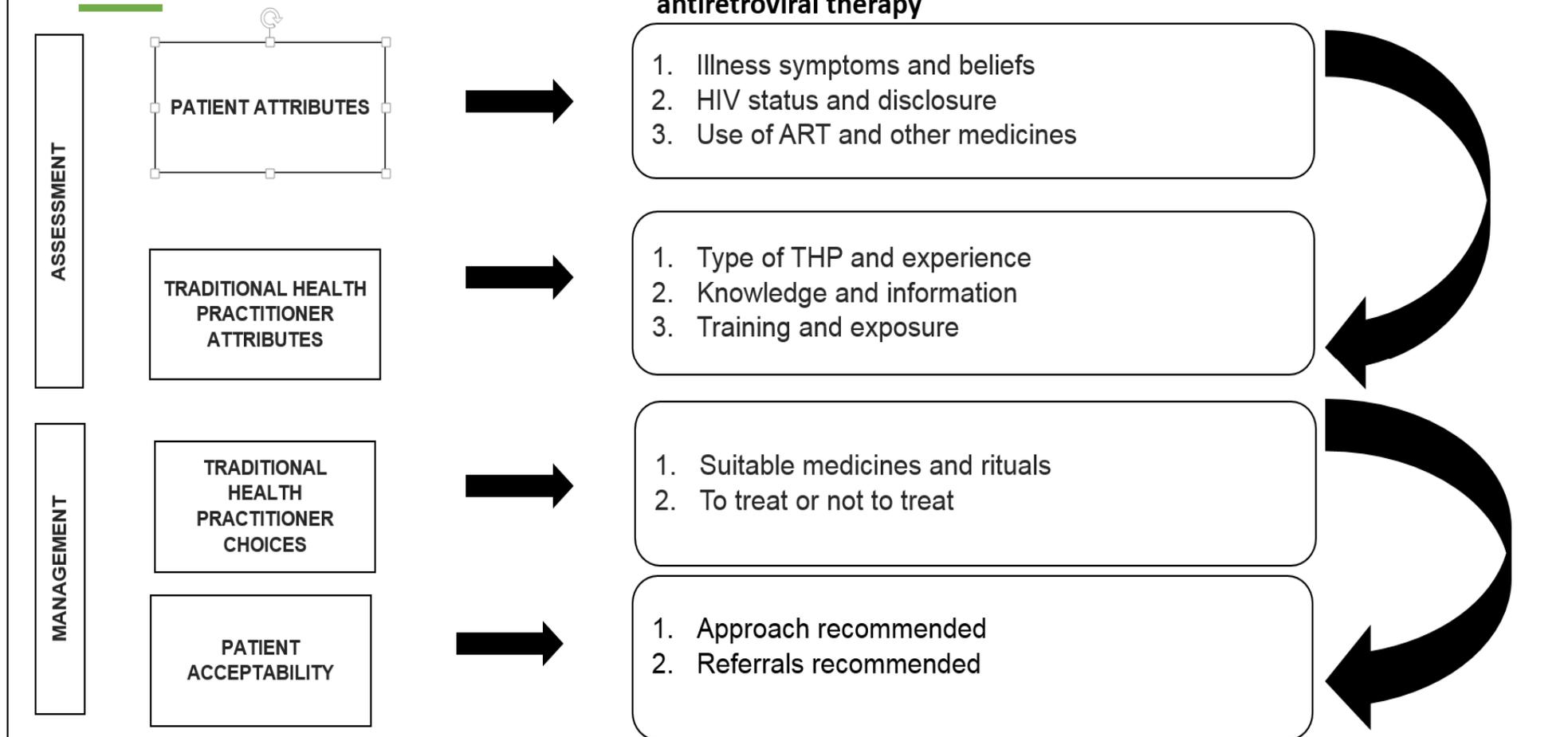
Aims

- To explore THPs' perceptions and understanding of HIV/AIDS in the context widespread ART
- To explore THPs' approaches to management of HIV/AIDS as an illness given large-scale availability of ART
- To understand the practices of THPs for people living with HIV/AIDS in the era of ART

Study Design

- The main TasP study used a qualitative approach, specifically semi-structured interviews and group discussions
- Approached THPs through the community engagement unit
- THPs recruited from one cluster (out of four) in the TasP trial
- Recruitment 2012; Data collection 2013 – 2014

Managing illness in people living with HIV/AIDS: approaches of traditional health practitioners in the era of widespread antiretroviral therapy



Assessment...

Patient Attributes

- Does the patient know their HIV status, has the patient disclosed?

P9: yes. When a person comes to me, they don't just come right out and tell me what the problem that brings them to see me is. It takes some time and after we have spoken they begin to be open. Once a person is no longer scared of me... because people start by being scared before they can open up (diviner, female)

P5: and even when you have HIV and you are also on treatment, people do come to us when they see that they are not getting better or they don't know that it is HIV that is making them ill. You may not get better even when you are using HIV treatment because of other bad spirits that are following you and you need to cleanse off those spirits before the medication can work (diviner/herbalist, female)

1. Illness symptoms and beliefs

2. HIV status and disclosure

Patient Attributes

3. Use of ART

and other
medicines

- **Is the patient already using ART or other medicines?**

P7: I don't want people to take pills (ART) together with this mixture because sometimes the mixture cleanses everything in the system and the pills will end up not working. The pills have their own place. If the pills did not have their place in our lives, we wouldn't be going to clinics, even us traditional healers. We go there because we know that pills have their own place and traditional medicine has its own place (diviner/herbalist, female)

P9: ...Even though he/she has been told about being positive, he is still going to live but he must stick to his treatment. He will continue using the treatment and also continue seeing me. I will tell him that I will not give him *imbiza* (concoction) because it is strong, we must first see how the treatment (ART) is working (diviner, female)

THP Attributes

1. Type of THP and experience

- **What type of a healer is the patient consulting?
Diviner, faith healer or a herbalist**

P5: when a person comes to me for the first time. They greet at the gate and I will stand up from where I am sitting in the house and go to them. I will check how sick that person is, if the person is very sick I will take my gloves and put them on, especially if that person has sores in the body, I put my gloves on before I help them. I will carry the person to the house. When we get there, I ask the ancestors to show me what is wrong with this person. When the ancestors come, I can also see with my eyes that there is something wrong. For example a person may tell me that he is sick, but when I look at my things I can see that yes he is sick but it is not the illness he is complaining about, he has a different illness (diviner/herbalist, female)

P2: when a person comes to me and enters at *indumbeni* (a hut/room used by a healer for consultation with patients) and I then consult with the ancestors (herbalist, female)

THP Attributes

2. Knowledge and information

3. Training and exposure

- **What knowledge does the healer possess, and where did they obtain it? Have they been trained? e.g. AMREF, TB study**

P1: We as traditional healers who have been trained. We have learned that when a person comes to you at home what are you supposed to do and how are you supposed to treat that person. Even when a big girl like you comes to me, and she is positive but will not tell me that she is positive..... (faith healer/herbalist, female)

P6: the problem is that she has never had the training that others in the group have had. It shows that she has not had training (diviner/herbalist, female)

Management...

THP CHOICES

- **What choices does the THP make in order to manage illness in a patient who is living with HIV?**

P2: But this is not allowed to be used by someone who is HIV positive. It is dangerous to be used by a person who is HIV positive. When a person comes to me and tells me that they are sick and I take this imbiza (concoction) and give it to them, they may be finished if they have this illness (HIV) even if they are not yet showing signs of being sick (herbalist, female)

P9:....So I prepare something weak, a mixture of water and soil or salt. I look at how sick the person is. If he/she is not very sick, I make isiwasho (sanctified water) and give it to them. Because in their heart they have told themselves that I am going to help them, they begin to trust me (diviner, female)

1. Suitable medicines and rituals

THP CHOICES

2. To treat or not to treat

P6: ...When someone asks me to do a skin incision, I tell them that I no longer do skin incisions. I run away from doing it because people hide that they are HIV positive. So I do not want to take a chance of making skin incisions on someone who is positive without me knowing their status. I only use ashes that they can lick and ask them to go to the clinic first. I tell them that once they have been to the clinic to test, they should come back with their results then I will be able to help them further, I will do the incisions. Others do go to the clinic, others do not go (diviner/herbalist, female)

Ultimately...

“[We] are failing to treat this disease”

Traditional

vs

**Biomedical
care**

P9: you know we can treat all these illnesses we have just mentioned to you right now. The only problem with HIV is that it runs in the whole body. It runs through the blood and not just in one place that we can target.....That's why traditional healers are failing to treat this disease. We couldn't succeed in knowing what happens in somebody's blood when a person has tested positive because this disease is intelligent. Even when we were still with AMREF, we were not able to get that information (diviner, female)

P7: ...But right now since we are all traditional healers we can't agree on one correct way of doing this. You see when you are training us you are saying that the HIV virus is spreading hugely like this because of us, the traditional healers. You are saying like that because whenever you train people you don't invite even one of us to participate in that training so that he/she will stand in for us, so that he/she will be given a slot to say what the role that the traditional healers play is (diviner/herbalist, female)

Conclusion

- Most HIV/AIDS-educated THPs now acknowledge that HIV/AIDS exists, however:
 - THPs do not treat HIV/AIDS, and they lack standard practices/methods to handle HIV/AIDS.
 - THPs are insufficiently informed about HIV/AIDS and ART, even in the era of widespread rollout of ART
 - THPs manage other illnesses in people living with HIV/AIDS, and use own judgement to weigh risks and benefits
 - THPs mostly rely on symptoms to manage their patients, however, with the wide scale rollout of ART, most patients are presenting asymptomatic and this creates a problem for THPs.

Implications

- Investments in THP training on updated HIV/AIDS treatment and care (Information, education and communication)
- Opportunity or threat? Collaboration in relation to biomedical aspects of HIV/AIDS care (and TB)
- Distinguish between Traditional Medicines and THPs
- Encourage non-judgmental communication with patients about traditional medicines

Suggestions for further research

- Exploring conditions that are treated in both traditional and biomedical but called by different names (emerging)
- Exploring conditions that are treated in both traditional and biomedical and called by same name, e.g. HIV/AIDS, TB, STIs

Acknowledgements

- Trial participants
- Traditional Authority
- Department of Health, South Africa
- Mosa Moshabela, Danny Wight, Tamsen Rochat

 wellcome trust



ANRS 12249 Study Group: Kathy Baisley, Eric Balestre, Till Bärnighausen, Sylvie Boyer, Alexandra Calmy, Vincent Calvez, François Dabis (co-PI), Anne Derache, Hermann Donfouet, Rosemary Dray-Spira, Jaco Dreyer, Andrea Grosset, Kobus Herbst, John Imrie, Collins Iwuji (Coordinator South), Joseph Larmarange, France Lert, Richard Lessells, Thembisa Makowa, Anne-Genevieve Marcelin, Nuala McGrath, Marie-Louise Newell (co-PI), Nonhlanhla Okesola, Tulio de Oliveira, Joanna Orne-Gliemann (Coordinator North), Delphine Perriat, Deenan Pillay (co-PI), Mélanie Plazy, Camelia Protopopescu, Luis Sagaon-Teyssier, Bruno Spire, Frank Tanser, Rodolphe Thiébaud, Thierry Tiendrebeogo, Thembelihle Zuma

